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NEW CLIENT INFORMATION FORM

Date:

Name:

Phone Home: OK to call about appointments? OK for follow-up calls?

Work: OK to call about appointments? OK for follow-up calls?

Cell: OK to call about appointments? OK for follow-up calls?

Address:

Please tell me what you would like to focus on in your sessions.

Birth Date: Age:

Highest level of education:

Current Occupation:

Employer:

Length of time with current employer:

If less than one year, who was your previous employer?

Number of people in your family of origin (including yourself, mother, father, sibling(s), step/half sibling(s)) \_\_\_

Name of family member	Age	Any comments about him or her
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Father:

Mother:  
(Oldest to Youngest)

Sibling(s):

Your current marital status: single married separated widowed divorced

If currently in a relationship, who is your partner? For how long?

If you have children, please give their names, ages, and name of birth parent or partner (if known).

Name of child Age Name of your child's other biological parent Does your child live with you?

Have you had any counseling in the past? yes no How was the experience? \_\_\_\_\_

How did you initially find out about my practice? Friend Relative Doctor Internet Yellow Pages Book

If internet, how did conduct your search? \*Google \*Yahoo

\*Other Search Engine \_\_\_\_\_ \* What words or phrases did you use for your search? \_\_\_\_\_

Which website(s) did you go to?

HPAonline.org NetworkTherapy.com YellowPages.com Mars-Venus-counselors.org  
Locator.APA.org Houston.com GoodTherapy.org MarriageFriendlyTherapists.com  
Counsel-Search.com PsychologyToday.com Family-Marriage-Counseling.com YellowUSA.com  
Yahoo!Local MagicYellow.com Yahoo Yellow Pages.com SuperPages.com  
Theraviv Yahoo Favorites BCBS Directory Unsure

If Yellow Pages book, which one? Greater Houston Windstream Sugar Land YP  
Bellaire/West University Other \_\_\_\_\_

If Yellow Pages book, which listing did you find me under? Psychologists Counselors Marriage and Family

Nearest friend or relative not living with you:

Name: Relation: Phone #:

Person to contact in case of an emergency:

Name: Relation: Phone #s:

Regular doctor: May I contact him/her? yes no  
If yes, phone #:

Time since last check up:

Physical problems:

Past medications:

Current medications:

Insurance: If you want my staff to check to see if you have any mental health benefits and find out how they work, please provide them with the following information. (Be sure to bring your insurance card and driver's license to your first visit.)

Name of Insurance Company:

Name of Insured: Your Relation to Insured:

Member ID or Policy #: Group #:

Phone number(s) for the insurance company: